

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA	100	10-13-99
O.I.P.E. CLASSIFIER		10	10-13-99
FORMALITY REVIEW	100	69169	10-13-99

### INDEX OF CLAIMS

✓ Rejected  
 = Allowed  
 - (Through numeral) Canceled  
 + Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Final	Original	Date
1	✓	✓	9/12/99
2	✓	✓	3/10/99
3	✓	✓	8/15/99
4	✓	✓	10/4/99
5	✓	✓	3/12/99
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
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Claim	Final	Original	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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